

# SOLICITOR APPLICATION

**\$25.00 Fee**

DATE: \_\_\_\_\_

NAME \_\_\_\_\_  
(first) (middle) (last)

HOME ADDRESS \_\_\_\_\_  
(street) (city) (state) (zip)

HOME PHONE \_\_\_\_\_ ( ) BUSINESS PHONE \_\_\_\_\_ ( )

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ M ( ) F ( )

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_  
(first) (middle) (last)

EMPLOYER'S ADDRESS \_\_\_\_\_  
(street) (city) (state) (zip)

EMPLOYER'S NAME OF BUSINESS \_\_\_\_\_

GOODS/SERVICES TO BE SOLICITED \_\_\_\_\_

REQUESTED TIME OF PERMIT \_\_\_\_\_ PREVIOUS APPLICATION DATE \_\_\_\_\_

WHERE STAYING WHILE IN QUINCY \_\_\_\_\_ PHONE \_\_\_\_\_

STATE OF ILLINOIS SALES TAX NUMBER \_\_\_\_\_

ADAMS COUNTY HEALTH DEPARTMENT NUMBER \_\_\_\_\_

Has application ever been revoked? Yes ( ) No ( )

Has applicant ever been convicted of a violation of any of the provisions of this article? Yes ( ) No ( )

Has applicant ever been convicted of a felony under the laws of the State of Illinois? Yes ( ) No ( )

Has applicant ever been convicted of a felony under the laws of any State in the Union? Yes ( ) No ( )

\_\_\_\_\_  
(signature of applicant)

Approved this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
CITY CLERK